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NO. IX.—BY JOSHUA BICKNELL CHAPIN, M.D.

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Tenotomy.—Its Comparative Advantages and Disadvantages.

"Et meæ, si quid loquar audiendum, vocis accedet bona pars."—*Hor. Odes.*

Orthopœdic surgery, of which tenotomy is a branch, as its primitives indicate—*ορθος straight*, and *παις* a *child*—had for its early object the correction and prevention of deformities in children alone; but as now improved, it is directed to the relief of distortions in general, and as they occur at every age.

The principles upon which all therapeutical science is based, must, from the very necessity of the case, be exceedingly complicated. The evidence of the truth of these principles is often obscure, and but illy understood. The mark of separation between the certain, and the doubtful, is sometimes faint. It requires a close attention to the phenomena of organic life, a careful study of the laws that govern these phenomena, and of the evidence of the truth of such laws, to enable the surgeon, and physician, as well to avail himself of what is practically valuable, as also to detect not only error, but the source of error. It devolves upon him, not only to apply faithfully every improvement in his art, but to decide between that which *is improvement*, and that which *is mere innovation.* The practice of the latter often proves the more difficult of the two. The truth of this remark will apply equally well to medicine or surgery. In general, however, the principles of surgery are better defined than those of medicine, and its study has been pursued more rigidly within the limits of practical utility—but like the latter it has *its theory*, its hypothesis, as well as practice. It is this *love* of theory, the mania for new things, that has thrown both branches of the art of healing into confusion. Coupled with the ambition for something *brilliant*, it has led the member of the profession on to needless and frequent carving, and cast a dread, and opprobrium, over the most important division of the art. A surgeon, and a knife, have come to be synonymous terms. A skilful operator is deemed, almost of consequence, a cruel man. The members of the profession themselves are partly responsible for the vulgar prejudice. Every *well*-educated surgeon considers the use of the scalpel as of secondary consequence, and never resorts to it, except in aid of his main design. To triumph over infirmities by it, may deserve praise; to succeed without it should be our highest aim, and merits distinguished honor.

The propriety of tenotomy, or tendon-cutting, has been made a question of much important discussion. The defects which it proposes to remove are, for the most part, obvious and important; and it would appear, at first glance, that there need be but little diversity of opinion with regard to the effects of the operation. But such is not the fact. There are those among us, and elsewhere, who advocate the unconditional resort to tenotomy; or, what is closely allied to it, myotomy, without regard to the character of the deformity, or the peculiarity of attending circumstances. Those of the other extreme as unconditionally deny the utility or necessity of the operation. The reason for this diversity is sufficiently obvious. Very many of us possess an overweening attachment to what we call *our own*, or that of some favorite leader, which precludes the possibility of that rigid observation, and philosophical accuracy, which should distinguish the establishment of every principle, and the introduction of every improvement. We are apt to shut our eyes against any evidence that militates with preconceived opinions. Under this influence, arguments, on the one hand, are listened to as idle dreams, and on the other, facts are unqualifiedly affirmed or denied, without adducing a particle of proof of their truth or falsity. Moreover, the most trivial faults, as they are subjected to the inspection of the self-constituted critic, are magnified into vital errors, and whatever is not allied to "ancient wisdom" must of consequence receive the charge of modern degeneracy!

The disposition to eulogize without merit, and to condemn without a hearing, may, I think, be considered the fault of the age. It is a fruitful source of quackery, pretension, and acrimonious controversy.

History.—Of the several diseases or deformities that call for the aid of tenotomy, those of the feet are the earliest that have attracted the attention of physicians; and of which we have accurate descriptions, even as far back as the time of Hippocrates. In his work entitled "De Articulis," he gives a full account of the varieties, and the nature of club-feet; and adopts distinct and well-applied rules for their treatment. Dr. Little gives him or his cotemporaries the credit of the introduction of tenotomy, and, if we allow his words a literal translation, they seem to indicate that he was aware of the practice of tendon-cutting, though he does not appear to have employed it himself, nor does he in any case recommend it. Be this as it may, among the several older writers upon distortions, we find a variety of apparatus suggested for the relief of them, but no allusion to the division of tendons, unless we except the imperfect account given of it by Minius, in 1638, and several other surgeons of the German school, none of whom seem to have practised it successfully; so that it was lost again, or abandoned, until the latter part of the last century, when it was introduced by Thilenius, and is hence sometimes called the "Thilenian operation." Not feeling himself competent to the operation, or for some other reason, it was performed by Lorenz, of Frankfort. Notwithstanding his partial success, it does not appear to have been practised, generally, until about twenty years afterwards, when it was taken up by Sartorius, and soon after him by Michaelis. He entered upon the operation with his accustomed enthusiasm, and, by *demonstrating* its *utility*, as well as advocating its theory, he succeeded in bringing it into pretty extensive employment. He made, what he considered some improvement over the Thilenian method, but modern practice does not allow it to be so. Michaelis was succeeded by the unfortunate Delpech, of Montpelier, who was so unsuccessful in his treatment after the performance of the operation, that he never attempted it but once; nor does he, in his subsequent publications, even recommend the practice. After passing through hands more or less skilful for more than two centuries, in 1832 tenotomy found an able defender in the genius of the distinguished Stromeyer, who by tried skill, superior judgment, and untiring perseverance, succeeded at last in placing the operation upon an enduring basis. The simplicity of the operation, united to the importance of the result, has induced a host of surgeons to attempt it; and, when the rules that should govern all practice have been properly adhered to, the success has been exceedingly flattering. Drs. Dickson of N. C., Smith of Baltimore, Detmold of N. York, Mütter of Penn., and many others of this country, have operated, and some of them are still operating with complete success.

What we have remarked of the history of tenotomy, refers to its operation upon the human subject. Veterinary surgeons had long practised it upon pedal deformities of the horse, before its more important application was thought of.

Among the particular deformities, for the remedy of which tenotomy has been instituted, may be enumerated: strabismus, club-foot, torticollis, fracture of the patella and luxations of long standing, false anchylosis, facial contractions, contracted or distorted joints, and deformed toes and fingers. The nature of some of these we shall speak of more particularly in the course of the essay.

In a general way, it may be remarked that they depend upon some muscular defect. Some of the causes of such defects we will very briefly enumerate. A review of the muscular system shows us an arrangement of these organs into pairs or sets; and that it is only by the proper adjustment of these pairs or sets, that the form maintains its normal proportions, and the proper motions are accomplished. Upon one side of a limb, we find an arrangement of such, and such muscles, called extensors; on the opposite side are the antagonist muscles, called of consequence flexors. So on passing through the system, the abductors lie upon one side, the adductors upon the other; here the pronators, there and opposite, the supinators, receiving their distinctive names from the office they have to perform. It is easy to see, that so long as these several antagonizing organs are endowed with proportional tone and power, the whole body will be kept erect, and the motion of every limb, and all its members, will be freely and easily maintained. But the moment the balancing power is disturbed, by whatever cause, deformity and restricted motion ensue. The distortion will of course be towards the muscles that maintain the greatest power. It may here be remarked that though the effective, or proportional power of the different sets of antagonizing muscles is equal, yet the individual strength of each particular set differs very materially. A reference of the simple laws of mechanics to the different arrangement of muscles, will show at once why this must be so, to ensure the safe accomplishment of the end designed. Hence, the greater the difference of individual strength between antagonist muscles, the greater the disturbance. The stronger muscles usually suffer the contraction. The contraction may be induced by several causes.

1st. It may result from local irritation, inducing an unnatural contraction of the muscle or muscles thus affected. The consequence of this, if of long continuance, will be to weaken the contractile power of the antagonist; and habitual distortion is the result.

A *second* cause of distortion, may be the result of entire or partial paralysis of one set of muscles, while the antagonist set retain their normal condition: this would result in speedy distortion. In those cases where both sets are affected, the stronger set will yield less readily, or offer most resistance to the paralyzing power, and, all other things being equal, they will most readily recover their lost tone and evince their advantage over their antagonists by drawing the limb or member towards themselves.

A *third* cause of contraction, is a disturbance of the nervous system. It is by the medium of this system that muscular force is communicated, and an irregular distribution will produce irregular muscular force; or, when demonstrated, irregular muscular action or spasm. This continued, will produce permanent distortion or deformity. The causes of nervous disturbance are as numerous as its effects are various. They may be entirely opposite, and yet the final result the same. A predisposition to such disturbance affords us a clue to the cause of hereditary deformities.

It follows from what has been said, that the object of tenotomy is to aid in the re-establishment of the disturbed equilibrium of muscular action. By dividing the tendons of contracted muscles, we open the way for such an extension of parts as shall allow the morbidly extended muscles to regain their proper tone and energy, and enable them to preserve an equilibrium against the action of their antagonists, when united. Ordinarily the result may be accomplished with certainty and safety, but this circumstance offers no reason why indiscriminate practice should be entered upon. In our remedial treatment, the infliction of a wound should always be considered as the *lesser* of two *evils*. Lisfranc has somewhere observed that surgery is never so beautiful and brilliant, as when obtaining a cure without the destruction of an organ, without plunging the bistoury into the quivering flesh, and without causing the effusion of blood. An unnecessary timidity in the resort to the knife, is an evil next in importance to its too frequent use. Both these extremes are to be avoided, yet they have each been fallen upon. Many an one has been left a cripple, or been exposed to unnecessary tortures, from an exaggerated fear of dangerous consequences of wounding the tendons; while others have been subjected to the division of these parts, as though they were of no more consequence than so many cornstalks. The necessity for artificial lesion is the opprobrium of the surgical art. In most cases the operation of tenotomy is exceedingly simple, and yet there has been a great diversity of opinion with regard to the best method of performing it. As the division of the great tendo-Achillis is by far the largest and most important of the cords subjected to the operation, we will select it for the purpose of illustrating the different methods and general plan of operating, premising, however, that other tendons will require a modified manipulation, according to their situation and dependence. This variation will be noticed hereafter.

As already observed, Lorenz, of Frankfort, was the first surgeon, so far as *positive* information has reached us, who divided the tendo-Achillis. He made an incision through the *integuments* and *tendon* from behind, forwards. He then closed the wound and proceeded with the after-treatment much after the present method. Michaelis, who succeeded Lorenz, followed in the footsteps of his predecessor only so far as to cut the integuments and half of the tendon, believing that he had overcome enough of the resisting force to accomplish extension successfully. This might have been so; but no advantage was gained by the method. The union of the divided half was not sooner effected, nor was the limb stronger. On the contrary, more extensile force was required, and, as a consequence, more pain inflicted and a greater risk of unpleasant sequences incurred, than would have resulted from complete division.

Sartorius made a vertical incision down upon the sheath of the tendon, and, after opening it and passing a director before the tendon, divided from before, backwards. It will be perceived that by each of these several methods of operation a greater incision was made, more pain inflicted, a more extensive wound left for nature to recover from, and of consequence there was increased danger of untoward results. The genius of Delpech saw this, and at once suggested the method of obviating it. By his skill the operation was so simplified, that instead of dividing the integuments, he merely made a lateral puncture, by passing a narrow knife through and through before the tendon, and afterwards made a complete division with a convex bistoury.

Stromeyer completed the improvement in the operation by introducing a very narrow pointed knife, having a convex edge, through the integuments, on to the opposite side, and the division of the tendon was accomplished by depressing the heel, so as to bring the tendon forcibly against the convex edge of the knife. Its division was noted by the sudden jerk that immediately followed, accompanied frequently by an audible snap. I believe the latter method is practised by most orthopœdic surgeons at the present day.

Whipple, of England, has perhaps found as much success as any in the division of the tendon in question, and his own description of the method of operating may not be out of place. "After extending the tendon as much as possible, the integument posterior to the tendon is pinched up about two inches above the os calcis, in order to separate it from the latter, when a narrow-bladed knife, with a rounded cutting extremity, is passed from within *obliquely downwards and outwards between* the *integument* and *tendon*, and, as soon as the point of the knife is felt under the integument and on the outer side of it, considerable flexion of the foot is made by an assistant, the point of the knife being at the same time depressed so as to bring it in contact with the tense tendon, by firmly depressing which and withdrawing the instrument, the object is instantly effected. This is made evident by the sudden jerk with which the heel is brought down; in some cases two or three inches, as in talipes equinus. The knife should be passed from inside outwards, for this reason; should you depress the point more than is necessary for the division of the tendon, there would be no risk of wounding the posterior tibial artery, which would be the case were the knife introduced from without inwards. It is also essential to depress with some force; or some of the fibres of the tendon most remote from the puncture are left undivided, and a second introduction of the knife becomes necessary for the purpose of dividing them.

"Although the point of the knife be depressed some distance anterior to the edge of the tendon externally, in order to secure its division, this will not be necessary internally, as the moment the object is perceived to have been effected, the pressure upon the knife is discontinued. The instrument is withdrawn in such a manner as not to enlarge the integumental opening."

The direction of the section appears to be a matter of but little consequence. It is usual to make the division in a directly transvere section, though the author above quoted cut obliquely and offers the following reasons for his preference, which I give in his own words. "*First*—by pursuing this method, nature is allowed a more extended surface to complete a union. *Secondly*—the extremities of the divided tendon are not absolutely so far asunder when extension is made as when the section direct is made, by the amount of the direct depression of the obliquity. A firmer ligamentous band is by this means supposed to be secured. *Thirdly*—the lips of the wound are not so far separated, it heals sooner, and better prevents the escape of the exuded lymph."

The reasons are very plausible, but I am inclined to believe that they speak better for our author's ingenuity, than for any practical advantage resulting therefrom.

The sheath of the tendon is occasionally so much thickened as to render a division of that also necessary.

Detmold, whose authority, to say no more, is as high as any one's, gives us the following brief direction for performing the tendo-Achillean section. "Divide the tendon, not by a motion of the knife, but by pressing it against the fibres,"—or, what is the same thing, he will allow, by forcibly bringing down the heel, and thereby bring the fibres against the knife; by keeping the knife still, the danger of wounding the other tissues is less. Divide the tendon where it is most prominent under the skin, separate it completely, not leaving any of its fibres undivided which might afterwards be torn by the extension; pass the knife as closely round the tendon as possible, so as to make the *internal* wound not larger than is necessary, and also to make the wound in the integuments as small as possible." There may occasionally occur some little difficulty in determining whether the division is complete; when this is effected, it is ordinarily noted by a snap or jerk, as before observed, but when the sheath of the muscle is extremely rigid and much thickened, and the cellular tissue is very tense, the sound and motion are not perceived. It then becomes necessary to ascertain by manipulation to what extent our object has been accomplished. The manner of doing this is perfectly simple: pass the point of the finger along the course of the muscle; if the division is complete, a perfect depression is perceived; if otherwise, the undivided fibres are felt rigid and tense. The knife must be re-introduced until a complete division is effected. Hence the fear of making an internal wound, should not crowd the knife so closely against the tendon as to allow the point of the instrument to pass between the fibres. By an over desire to avoid an evil, we encounter a greater one, for the danger of wounding the other tissues is much increased by a second introduction.

The kind of knife to be used will depend somewhat upon the tendon or fascia to be cut. Its shape may be either concave, convex or straight. But whatever its shape, the blade should not exceed the tenth of an inch in its widest part. Detmold says, "it is advisable to use a straight or slightly concave knife, to be introduced under the tendon with the edge upward, and to cut from within outward, whereas in cutting flat muscles, aponeuroses or ligaments, we prefer a concave knife, which we introduce under the skin and divide the tendon by pressing upon the contracted and tense fibres, cutting from without inwards.

It is a matter of but little consequence whether one or more integumental openings are made. Both with regard to this and the direction of the section, every surgeon will have his own peculiar whims that will govern his practice and afford him some imaginary advantage; but while the general intentions of the operation are preserved, it matters but little by what particular method they are accomplished. The position of the subject about to undergo the operation of tenotomy will vary with the tendon to be cut and the view of the surgeon as affording any particular facilities for manipulating.

In cases of partial paralysis, where it becomes desirable to shorten, and stimulate the muscle, Stromeyer has suggested that a portion of the muscle be cut out. The novelty of the operation is not more striking than its success. Several surgeons of this country have employed it with very satisfactory results.

(To be continued,)

INTRODUCTION OF TOBACCO INTO ENGLAND.

By Stephen J. W. Tabor, M.D.

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THE unfortunate colony, which Raleigh sent out under Greenville, and which, as I have previously related,* returned under such ill-starred auspices with Drake, had great bearing upon the after-interests of Virginia, and upon the introduction and use of the Virginian weed in Great Britain. "It was productive of one thing," says the Rev. Jeremy Belknap,† "*which will always render it memorable*—the introduction of tobacco into England." Lane was not the only person of consideration whom Raleigh induced to accompany Greenville: besides the ingenious scholar and mathematician Hariot, there was Cavendish, whose desires to push on the tide of discovery into the still new and wonderful regions of the New World, received an impetus during the voyage, which led him afterwards to be one of the first who circumnavigated the entire globe: there was also a painter by the name of John Withe, who possessed taste, accuracy and skill. He found a vast field for the exercise of his art, and while the pen of Hariot was describing the manners and customs of the inhabitants, their jurisprudence and their natural history, the pencil of Withe was equally engaged in delineating their employments, their habitations, their landscapes, their animals, vegetable productions, superstitions, council fires, ornaments, arms, pipes, calumets, diversions, persons, dress, and all that could be sketched by the crayon, or portrayed in the living colors of nature. The drawings and paintings of Withe's portfolio, and the manuscripts of Hariot's writing desk, received encouragement from Raleigh, as a number of years before, in 1575, he enabled James Le Moyne, called De Morgues, to complete colored drawings of sketches he had taken in Florida,‡ while he resided at Fort Charles, before it was so barbarously destroyed by the atrocious Melendez. In the plates of Withe, and the narrative of Hariot, *smoking* occupied a prominent situation, as one may see by looking at the second part of Theodore De Bry's *Notitæ Americæ sive Peregrinationem in Indiam Occidentalem*, published at Frankfort in 1590, where copies of the painter's sketches are engraven and preserved; or at Beverley's *History and Present State of Virginia*, where some of them are imitated; or into the compilation of Hakluyt,§ where the original work of the historian is published, a Latin translation likewise being given in De Bry. The engravings in the folio of the latter, though a little deficient in some of the nicer points of perspective, and embellished, perhaps, with traits from the painter's imagination, both in the elegant forms and in the free and voluptuous developments he has given to the frequent naked and prominent female figures—there being no *preciuses ridicules* in those primitive days to *petticoat* the Venus de Medicis, or *pantaloon* the Apollo Belvidere—are exquisitely and beautifully executed, and would do no discredit to the best artists of our own days.

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* Boston Medical and Surgical Journal, vol. xxxi., p. 13, et seq.

† American Biography, vol. i., p. 317, Harper's edit.

‡ Hakluyt's Navigations, Voyages and Discoveries, &c., vol. iii., p. 364.

§ Ibid., vol. iii., p. 266.

But although tobacco was thus brought into England by others, Raleigh was the means of introducing it into general use. The idea that he himself personally brought the plant into England is often maintained, but he did not visit the New World till 1595, and the contrary opinion arose, probably, from a mistranslation of a passage in Hariot's narrative, which runs thus: "The actions of those who have been by Sir Walter Raleigh *therein employed.*" In De Bry it is rendered, "qui generosum D. Walterum Ralegh, *in eam regionem comitati sunt*"—an error which Stith[*] supposes to have been occasioned by the translator's being a Frenchman. He adduces no proof of this fact, and the title-page in De Bry gives no name, merely saying "nvne avtem primvm Latio donata à C. C. A." In the life of Raleigh, prefixed to the collection of his works by Oldys and Birch, we are told, however, that the colonists under Lane brought tobacco with them, "doubtless according to the instructions they had received of their proprietor."[†] This, too, I regard as a mere hypothesis of Oldys; but though Raleigh had no personal or direct agency in bringing tobacco to his own country, he had the greatest influence in securing it a favorable reception when it had once come. He was one of the most fashionable courtiers of his day, and his example had great weight, for from the time he had his debate before the Privy Council with Lord Grey, he received expressive tokens of Elizabeth's royal favor. As Sir Robert Naunton says, "he had gotten the queen's ear in a trice, and she began to be taken with his elocution, and loved to hear his reasons to her demands. And the truth is, she took him for a kind of oracle."[‡] This estimation in which he was held, and which was of so much service in giving countenance to the use of tobacco, owed its origin to a singular display of gallantry, which Fuller thus relates:—"This Captain Raleigh, coming out of Ireland to the English court in good habit (his clothes being then a considerable part of his estate), found the queen walking, till meeting with a plashy place, she seemed to scruple going thereon. Presently Raleigh cast and spread his new plush cloak on the ground, whereon the queen trod gently, rewarding him afterwards with many suits for his so free and reasonable a tender of so fair a foot cloth."[§] Yet even Raleigh, notwithstanding his popularity with all classes, dared at first venture to solace himself with the Indian novelty in no other than a private manner.[||] There is a popular tradition connected with this secret enjoyment, which I shall give literally as I find it in an old journal:—"Ralegh [for so the name was originally spelled], whilst smoking in his study, was surprised by his servant's bringing in his customary tankard of ale and nutmeg. Seeing the smoke reeking out of his mouth, the man threw all the ale in his master's face. Then running down stairs, he alarmed the family with exclamations that his master was on fire, and before they could get up stairs would be burnt to ashes."[*] Raleigh had good reason to apprehend that odium would be attached to a public indulgence of the habit, because at first, in England, tobacco was supposed to be almost a specific in the cure of syphilis, and a suspicion of the disease would cling to all who used it—a reputation Raleigh did not desire. But despite this prejudice he soon gave over his secret devotions to the pipe, and often sat at the street-door openly enjoying the luxury. At his own house in Islington, he gave "smoking parties," the whole entertainment of which consisted of a mug of ale and nutmeg and a pipe of tobacco.[†] In the Gentleman's Magazine, for 1791, is an engraving of the house in Islington where Sir Walter formerly resided, and which, at the time the engraving was published, was called *The Pied Bull Inn*, and it may be thus styled and used up to this very day. In the principal room of the house is a coat of arms, on the top of the shield of which is a tobacco plant, between two sea-horses—I do not pretend and indeed *cannot* speak in heraldic language—on each side two mermaids; at the bottom two parrots, one green and the other gray: the whole enclosed in an oval border. A plate of it is given in the work just cited.[‡] A German writer relates that in 1812 the house and arms remained in a good state of preservation[§]—monuments, he might have added, of an extraordinary man, one gifted with many and multifarious talents; distinguished as a scholar, a statesman and soldier; endowed with a sagacity beyond his age, with a perception of the rights of the masses, which in this day would have made him a distinguished republican, with a courage which quailed at no dangers, and with an enthusiasm which the greatest obstacles could not extinguish. Such was one of the earliest English patrons of tobacco. His example gained other courtiers, so that smoking obtained, in a little time, a fashionable and polite éclat. Literary men adopted the habit and embalmed tobacco in their writings. Spenser, in his Faerie Queene, styled the herb "divine tobacco,"[‖] and did it in a manner peculiarly well calculated to gratify Sir Walter Raleigh, the friend of both the weed and the poet. When once the habit of smoking was taken up by the court of the "*virgin queen*," it rapidly gained favor among all who were able to indulge in it. The ladies adopted the custom,[¶] and Elizabeth herself was as familiar with a tobacco pipe as with her sceptre, and Raleigh is said to have won of her a singular wager, to which James Howell alludes,[**] concerning the weight of tobacco smoke.[††] The Knight observed to her, during a conversation on the virtues and excellencies of the *new plant*, that he could tell her the exact weight of the smoke which rose from the bowl of a pipe or was puffed away during the consumption of any given quantity. The Queen, suspecting he was "playing the traveller," laid a wager he could not. Raleigh weighed the tobacco with which he filled his pipe, smoked it deliberately, knocked out the ashes and weighed them—the difference between the last and the first was the weight of the smoke. Miserly as Elizabeth was, she paid the wager, saying, in allusion to the alchemists, "many laborers in the fire turn gold into smoke; you have turned smoke into gold!" This was a prosperous era in the history of tobacco; princes, nobles, knights, ladies, the wealthy, the fashionable, all numbered themselves amongst its devotees; the days of imposts, "counterblasts" and prohibitions had not yet arrived; smoking was one of the characteristics of a courtier, and the conveniences of a gentleman were considered imperfect without a box for pipes and tobacco. So late as the year 1715, among Ralph Thoresly's artificial curiosities, is registered with consideration and care, "Sir Walter Raleigh's tobacco-box, as it is called, but it is rather the case for the glass wherein it was preserved, which was surrounded with small wax candles of various colors. This is of gilded leather, like a muff-case, about half a foot broad, and thirteen inches high, and hath cases for sixteen pipes within it."[*]

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[*] History of the First Settlement of Virginia, p. 22. Williamsburgh, Va., 1747, 8vo.

[†] Vol. i., p. 31. Oxford, 1829, 8vo.

[‡] Fragmenta Regalia, &c., p. 109. London, 1824, fol.

[§] History of the Worthies of England, endeavored by Thos. Fuller, D.D. Re-printed in London, 1811, 4to., vol. i., p. 419.

[||] Asiatic Journal, vol. xxii., p. 138. London, 1826.

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[*] The British Apollo, vol. ii., p. 376; see, also, Applebee's Journal for Sept. 18th, 1731.

[†] Biographica Britannica, or the Lives of the most eminent Persons, &c., vol. v., p. 3471. London, 1778, fol.

[‡] Gentleman's Magazine, vol. lxi., p. 17. London, 8vo.

[§] Eine Abhandlung auf Taback, Thee und Kaffee, u. s. f., seite 210. Vienna, 1813, 8vo.

[‖] Todd's Works of Edmund Spenser, vol. iv., p. 429. London, 1805.

[¶] London's Encyclopædia of Agriculture, &c., p. 936. London, 1831.

[**] Epistolæ Ho-Elianæ. Familiar Letters, &c., book iii., lett. vii. London, 1678, 5th edition.

[††] Cayley's life of Sir Walter Ralegh, Knt., vol. i. p. 31. London, 1806, 8vo.

From this mention of pipes it would naturally be inferred that Ralph Lane, Withe, Hariot, and their companions, noticed them during their residence in Virginia, in 1585, and had brought both them and tobacco to England in 1586. Such was the case, and Charles Ecluse, or Clusius, as he Latinized his name, says the English courtiers, when they saw these clay pipes, ordered others to be made of a similar fashion.[†] Concerning these pipes and the fashionable novelty which accompanied them, there is a graphic passage in the historian William Camden, and as it is not much known I shall give the whole of it in a note.[‡] Speaking of Ralph Lane and his fellow voyagers, Camden says, as I shall translate from his Latin: "These persons who thus returned, brought with them, so far as I can learn, the first Indian plant, called *tobacco* or *nicotiana*, ever known in England, and this plant the Indians believed to be good for crudities. Certainly, however, it was thenceforth greatly valued, and very much used by the English people; many partook of it from mere lasciviousness, and many also, under pretexts of health, drew into their mouths, by means of clay pipes, its uncommonly stinking smoke, directly expelling it again through their nostrils; on which account tobacco-shops are as numerous in towns as inns and ale-houses. By means of this habit (as has been aptly observed) the bodies of those persons who are so enticed by this herb, appear to have grown base and to have taken upon them a *barbar-*

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[*] Lucatus Leodiensis; or the Topography of the Ancient Town and Parish of Leeds, &c., p. 485. London, 1715, fol.

[†] Excerpta Curiosa e Exotica et Historiam Plantarum Rariorum, a C. Clusio, p. 609. Antv. 1610, 16mo.

[‡] Et hi ruduces Indicam illam plantam quam Tabaccam vocant et Nicotiam, qua contra cruditates, ab Indis edocti, usi erant, in Anglicam primi, quod sciam, intulerunt. Ex illo sane tempore usu cœpit esse creberrimo, et magno pretio, dum quam plurimi graveolentem illius fumum, alii lascivientes, per tubulum testaceum inexplebili aviditate passim hauriunt et mox a naribus efflant; adeo ut tabernæ tabaccanæ non minus quam cervisiariæ et vinariæ passim per oppida habeantur. Ut Anglorum corpora (quod salse ille dixit) qui hac planta tantopere delectantur; in Barbarosum naturam degenerasse videantur; quum iisdem quibus Barbari delectentur, et sanari se posse credant."—Rerum Anglicarum et Hibernicarum regnante Elizabetha, &c., p. 415, Edit. Elzev., 1625.

ous nature, inasmuch as they are fascinated by the same articles as *barbarians*, and believe they can be cured by the same means."

There are several circumstances in this passage deserving of particular consideration, all of which, however, I shall have to omit, for the present, to pursue the history of "tobacco's propagation" in a continuous manner. I shall now only remark concerning clay pipes, that up to the year 1586 they were not in use on the Continent of Europe; into England they were that year introduced, and in America seem to have been peculiar to Virginia: but the different fashions and materials of pipes I may discuss more at length in a future paper. It is now time to return to the progress of tobacco, which I shall hereafter do, giving in my next communication an account of its novel advent into Italy under the patronage of a distinguished cardinal of the Holy See.

ACTION FOR THE RECOVERY OF MEDICAL FEES.

[Communicated for the Boston Medical and Surgical Journal.]

A SUIT of much interest to the profession was tried in the Court of Common Pleas, in Boston, last week. It was to recover fees for medical attendance, and was brought by Woodbridge Strong, M.D., of Boston, against the executor of the late Adam Stewart, whom many of the readers of the Journal will recollect as an irregular but for some time popular practitioner of medicine in Roxbury. This gentleman was for many years afflicted with a scrofulous disease, which showed itself in ulcerations on various parts of the body—the left leg being the seat of it during Dr. Strong's visits. These visits commenced in May, 1842, and continued till October of the same year, when Dr. Stewart died. It was testified by one of the plaintiff's witnesses, that Dr. Stewart was induced to employ Dr. Strong, in consequence of an opinion expressed by him at a consultation, that the leg might be saved by medical treatment, while the rest of the counsel advised amputation. There was no evidence as to any agreement at the commencement of the visits, nor during Dr. Stewart's life, about the price which should be charged for attendance; although it was testified that Stewart had said to Dr. S., at times when he was detained by Stewart's importunity, that he was willing to pay him for all extra time and trouble.

Dr. Strong's book of charges was first submitted, with the supplementary oath of Dr. S. as to its correctness, and his habit of charging visits within a day or two after they were made, from a memorandum which he carried in his wallet. This book was objected to as evidence by defendant's counsel, on account of the peculiar and obscure manner in which the entries were made. This manner consisted in a blank of a few lines being left under the name and date, and each visit afterwards being specified on these lines by the figures denoting the day of the month and the letter *v* for visit, till the blank was filled, when the name and a new date were entered on a succeeding page and the same plan pursued. The Court, however, ruled that it be admitted, the jury to attach such evidence to it as they deemed proper. The number of visits, by this book, was 120, which were charged in the bill, though not in the book, at $9 each, excepting two night visits, which were charged $18 each. This additional charge, however, was waived, and in fact but $1000 for the whole was claimed. After the commencement of the action the defendant had paid into court the sum of $400, which was all he admitted to be due—so that the balance of $600 was the sum in dispute. The reasons stated for this rate of charge were—the distance, which was about three miles; the great amount of disease with which the patient was afflicted (disease of the prostate gland and inflammation of the neck of the bladder being stated to exist in addition to the severe affection of the leg); the difficulty of managing the patient, on account of great irritability of temper, intemperate habits and neglect of prescriptions; the more than ordinary time and trouble required by reason of the neglect of the patient's own family; and the success of the treatment, Dr. Stewart having greatly amended, and his death being finally caused by poison accidentally administered by his wife.

In proof of these statements, Dr. Stewart's Irish servant, who was with him during the time specified, was brought upon the stand. He supported Dr. Strong in his testimony as to the great amount of the patient's disease and the difficulty of pleasing him, but not entirely as to the amount of time and labor bestowed by the doctor at his visits, nor the intemperate habits of Dr. Stewart and the neglect of his family—though upon this latter point he was evidently reluctant to testify fully. He stated, however, that Stewart was impatient if Dr. Strong was at any time later than usual in his visits, which were generally in the forenoon, and during part of the time daily, and very often called him back after he had started to leave. The witness generally dressed the sore himself, often when Dr. Strong was present.

The fee-bill of the Boston Medical Association was next offered in support of Dr. Strong's charges, but was objected to by the counsel on the other side as being a private agreement among physicians, and having nothing to do with the justice of those charges, and was ruled out by the court. Dr. G. C. Shattuck was next called. He testified that he attended Stewart some years previously—that his symptoms were grave and not likely to be ever removed, implicating the organs of respiration, circulation and digestion, with a hydropic diathesis—that he was a man of strong mind, but equally headstrong, was intemperate, and an exceedingly difficult patient for any physician to get along with. As to the reasonableness of Dr. Strong's fees charged, Dr. Shattuck was inclined to put it upon the ground that Dr. Strong was an honorable man and that he would conform them to the regular published tariff of charges; but this tariff having been ruled out, a different answer was required, and he testified that he should not consider $9 a visit an extortionate charge, under all the circumstances. But he was anxious to have it understood, that though he considered the physician imitated the government in levying taxes where there was property, no by-laws of their own prevented the exercise of charity by medical attendants in cases of poverty, and he was eloquent, and no less just than eloquent, in bearing witness to the frequency with which this virtue was exhibited by them. He also testified as to Dr. Strong's standing—placing him in the front rank of the profession, and stating that he held the purse-strings, as treasurer, of the Massachusetts Medical Society. The plaintiff rested his case here.

The defendant's counsel, in justification of his refusal to pay the demand of Dr. Strong, relied mainly upon the alleged exorbitance of the charges. He also denied the number of visits, and in proof that these were not correctly stated in the bill, in which one visit every day in August was charged, brought forward a female nurse who was with Dr. Stewart twelve days in that month, who swore positively that on two of those days Dr. Strong did not attend.

A number of physicians were sworn to show that the usual price of physicians in the city for visits to Roxbury was much less than Dr. Strong had charged. Dr. Winslow Lewis was first called. He also had attended Dr. Stewart six or eight years ago, and testified as to the extensive nature of his scrofulous disease, there being then no disease of the bladder. Dr. L. thought the common charge for a visit to Roxbury, in ordinary cases, was two or three dollars. The plaintiff's counsel objected to the question what he had himself charged Dr. S., but Dr. L. afterwards stated that he charged $4 a visit. To the question what he should consider a proper charge for 120 visits to Roxbury, from the centre of the city, by a physician of Dr. Strong's standing, he answered, from $3 to $5, according to circumstances; and when asked if he should consider $5, under all the circumstances of the present case, as they had been testified to, an extravagant charge, he replied that he should not, by any means. The testimony of Dr. John Flint, Dr. Stephen Ball, and Dr. J. Wright Warren, was to pretty much the same effect. They all testified, however, as did Dr. G. Bethune (who was brought forward by the plaintiff's counsel as Secretary of the Boston Medical Association before their fee-bill was ruled out), to the difficulty of deciding upon a proper charge for this particular case upon the evidence before them, and stated that they should be governed more by the peculiar circumstances than by the published tariff or by what others charged in other cases. In fact, they knew but little of what others were in the habit of charging for out-of-town visits. All but one testified that the severity or complication of the disease would be a cause for varying the charge; as would also the pecuniary circumstances of the patient. Each of them bore witness to the high standing of Dr. Strong in the profession, but were unwilling to place him by the side of a few others in the city who were named. They described their own manner of keeping accounts, which was more orderly and minute than that of the plaintiff.

Dr. C. M. Windship, of Roxbury, was called by the defence, to prove that Dr. Stewart was not poisoned, as alleged on the other side, and that therefore Dr. Strong's treatment had not been so successful as represented. Dr. W. was sent for as the nearest physician, two or three weeks before Dr. Stewart's death, after the accidental administration, by Mrs. Stewart, of a dose of the acetate of zinc. When he arrived, he was told that a teaspoonful of the acetate had been mixed with a pint of water, and that Dr. S. had drank half of it. He informed the patient and family that the dose was not poisonous. He, however, administered an emetic and an alkali. He did not consider that Dr. S. was poisoned by this dose, as he would willingly take the same dose himself, though he admitted it might have proved injurious in his diseased state. In the cross examination he was questioned pretty closely as to the poisonous nature of acetate of zinc, but no counter testimony was adduced. This was all the evidence for the defence. In the argument, by Mr. Clark, much stress was laid upon the circumstances tending to throw discredit upon Dr. Strong's book of accounts, and upon the extravagance of the charges when compared with the slight service which he maintained was proved to have been rendered.

The plea for the plaintiff, by Mr. Cooley, was an able performance. Without being discourteous to any of the medical gentlemen whose testimony was adverse to the claims of his client, he yet disclaimed for him all intentions of ever having desired the reputation of a *cheap practitioner*, and maintained that experience and skill like his were entitled to a higher remuneration than those of the generality of the profession. The whole community, too, were interested in properly rewarding the attainments and qualifications to which they could safely resort in the seasons of sickness and pain to which all were liable. This point was also alluded to by Judge Allen, in his charge to the jury, who laid down, that in deciding upon a just compensation to the plaintiff, the jury should take into account the skill and reputation of Dr. S., which, if proved to have been great, could only have been obtained after long years of industrious application, and were therefore worthy of a full and liberal remuneration. In connection with this, should be considered the testimony as to the common price of charges in similar cases, and also any peculiar difficulties and detentions which might have been proved. They were likewise to decide as to whether all the visits charged were rendered.

The jury, after being out about an hour and a half, returned a verdict for the plaintiff of $192 balance, being something short of $5 a visit for 120 visits.

The practice of recovering medical fees through a course of law is not common among physicians, and, as a general rule, should not be encouraged. But this suit having been brought, the result must be gratifying to the profession, and, we think, satisfactory to Dr. Strong; while it exacts nothing exorbitant or impoverishing from the large estate of Dr. Stewart, accumulated by the reception of fees, in all probability, fully as large as those his executor has now to pay Dr. Strong for his services. Dr. Strong, doubtless, from peculiar circumstances connected with the case, and viewing it both as a surgical and medical one, felt himself justified in the charges made for his attendance. But it was a difficult matter to prove these circumstances to a jury, and hazardous to present his claim unsupported by such proof. Notwithstanding this disadvantage, and notwithstanding the unfortunate condition in which his book of accounts was obliged to be submitted to the jury, and the positive and unimpeached testimony of a witness that two of the visits charged were never made, they awarded to him, in their verdict, the maximum of the charges which five highly respectable medical witnesses considered fair for similar visits.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 25, 1844.

BIBLIOGRAPHICAL NOTICES.

Philosophy of Medical Science.—How refreshing to have something original in this epoch of compilations, when volumes are manufactured with as much facility as cut nails in a machine. There was a period in the history of the English language, when men actually thought for themselves, wrote out the results of their own conclusions, or recorded facts which they had discovered. Alas! in the literary degeneracy of modern times, a cautious, reflecting, conscientious investigator, is looked upon as a phenomenon—a man rather to be pitied than laughed at, who wastes the precious hours of life unprofitably, getting neither dollars nor cents for his labors, when he might have both by pursuing the common track of modern authors.

The Philosophy of Medical Science is a title that has dignity in it. Those who have the pleasure of personally knowing Elisha Bartlett, M.D., the author of this essay, know that they have for an acquaintance an author whose writings are assuming a degree of importance in our domestic medical circle, advantageous to the reputation of the country. He has just completed a treatise on the Philosophy of Medicine, under the modest name of an essay, which is a very finished production. We have not the spare pages to give this or any other publication on elaborate review, however much we may desire to do so. The essential points and properties of an author, simply as a guide for readers who have a right to look for a general synopsis, is all that can be done even for an intimate friend. All we can now do, is to assure the profession that Dr. Bartlett has broken new ground. He has neither borrowed nor purloined words or ideas, but analyzed modern medicine and the doctrines of modern men.—Copies may be had at Ticknor & Co.'s.

Human Health.—Messrs. Lea & Blanchard have brought out a new edition of Dr. Dunglison's celebrated book on the *Elements of Hygiene*, embraced under the more comprehensive title, perhaps, of *Human Health*. It considers particularly the influence of atmosphere and locality; change of air and climate; season; food; clothing; bathing and mineral springs; exercise; sleep; corporeal and intellectual pursuits, &c. It is a production that may be studied profitably by every one. Who does not wish for health and long life? Who, therefore, would not be benefited by the instructions of such a teacher of the great laws of the animal economy? Instead of being confined or rather circumscribed to the walls of a medical library, it should be found in the hands of the whole intelligent community.

Druitt's Surgery.—Some time in 1842, an excellent edition of an excellent system of Surgery, was brought out by Messrs. Lea & Blanchard, who seem to be monopolists of much of the good things in our profession. Notes and comments were made by Joshua B. Flint, M.D., of Louisville, Ky., a gentleman eminently qualified to Americanize an English work of such distinction. He has remodelled the whole of his own part of it, and bettered whatever required an alteration, and now presented the medical public with a second edition. We can say nothing more than was said of the first edition—viz., that it meets the approval of all competent judges at home and abroad.

Medical and Physiological Commentaries.—A third volume, by Dr. Paine, of New York, the untiring scholar, with the above title, has lately been published. A part of this volume comprises searching examinations of a certain review, which appeared in the British and Foreign Medical Review. There is also the author's reply to Dr. Bowditch, &c., which has been made familiar to the readers of the Journal. Next follow an essay on the *philosophy of vitality*, the *modus operandi of remedial agents*, an introductory lecture, another on the improvement of medical education, and, lastly, *letters on cholera asphyxia* as it appeared in New York, and other letters. All these papers combined, constitute a handsome octavo, precisely matching, in point of exterior finish, the two volumes that have preceded it. Having at several periods spoken separately of a majority of the articles of this third volume, it would only be a repetition of words and sentiments to offer any special remarks upon them in their new dress.

Philosophy of General Principles.—A discourse was recently given by H. H. Childs, M.D., of the chair of Theory and Practice in the Berkshire Medical Institution, which has been published. Returning lecture seasons are appropriate periods for presenting those general views of the condition of a science, so important to the welfare of man as that of medicine. Laying aside all technicalities, and untramelled by a rigid classification of subjects or thoughts, the professor is at liberty to address his auditors like common people. He is privileged to suggest topics, and to direct the mind to the consideration of things of essential value to those who are adjusting the armor in which they are going to battle against a mighty phalanx of human diseases. Dr. Childs is all energy and praiseworthy enthusiasm in the progressive achievements of the age. He talks of Bunker Hill as a patriot of his sterling integrity should —but never forgetting that he is a teacher of a science for relieving the physical infirmities of frail humanity. We thank Dr. Childs for this spirited performance, and join the class in saying "that it points to the true method for the improvement of medical science—that it contains principles calculated to elevate the profession and annihilate empiricism."

Dr. Webster's Valedictory Address.—If there are flowers which bloom unseen, it is equally true that many literary performances are perishing without being as extensively known as they should be. Here is an excellent discourse, delivered on an interesting occasion—viz., the graduation of pupils at the Geneva Medical College, as long ago as last January. No one sent us a copy at the time, for the very good reason, probably, that every individual having one disliked to part with it. Dr. James Webster, in the department of Anatomy in the Geneva institution, is ardently devoted to all that appertains to physic and surgery. He knew precisely what to say on the occasion above referred to, and therefore discharged the duty to the gratification of a delighted assembly.

Medical and Surgical Superstitions.—A friend has looked into this book, and writes the following notice of it. Seldom have we had our patience so severely tried, he says, as in attempting to read a work recently issued, entitled *Medical Superstitions*, by Dr. Pettigrew. From the title of the work, expectations were entertained of having something entertaining, and possibly original. From the reputation of the author, we had looked to see the subject artistically treated. But we have been most wofully disappointed in both. The book is nothing more nor less than a compilation, from various well-known sources, of what everybody has known almost from his boyhood; with this difference, however, that the subjects have been much better treated of elsewhere. In the first place, there are a number of pages on alchemy, which any one may find the substance of in almost any treatise on chemistry. Then follows astronomy, with its sister astrology, and a diversion to talismans, amulets and charms; all of which might have been omitted without materially affecting anybody but the printer, or anything but the size of the book. Allusion is next made to the influence of the mind upon the body; and under this head Dr. Haygarth and his wooden tractors are introduced. An article on camp meetings is also quoted, and an old story told about a man, who was sentenced to die by being bled to death, actually dying in consequence of water being allowed to trickle over him, he imagining it all the while to be blood. The book concludes with a most prolix and uninteresting account of "Touching for Scrofula," occupying 46 pages, the whole number of pages in the volume being only 213. The reader is minutely informed of every monarch who ever touched, who he touched, and when he touched them. In conclusion, if the reader's patience is sufficient to bear him safely through the volume, he need henceforth never despair of achieving any undertaking in the way of reading.

Most of the subjects treated of are the same as those comprehended in a lecture delivered and published by Dr. Holmes. That gentleman, however, in a modest little pamphlet, contrived to give an exceedingly lively and entertaining account of these subjects, which it is presumed that no one, who peruses this duodecimo, will be disposed to say of Dr. Pettigrew.

Death of Dr. Poyen.—Intelligence of the death of Dr. Charles Poyen, at Bordeaux, when on the point of sailing for the United States, was received last week. Dr. P. had many warm friends here, who will deplore his early death; and there are those who may continue to view the course he pursued in this country, in the light of successful empiricism. Dr. Poyen came to Boston some years since, an entire stranger, claiming to be an ardent student of medicine. He soon commenced translating articles on animal magnetism, from the writings of his countrymen, published papers of his own on the same subject, some of them in this Journal, and began lecturing upon it. His enthusiasm increased by opposition, till all the powers of his nature were called into active play to support and defend the strange propositions that emanated from himself. His ambition was evidently roused; he saw there was a new avenue to distinction; and he must have discovered, too, the proneness of the people in this section of the Republic, to be gulled by anything, and in any way, which an ingenious man might propose. Finally, he travelled about, illustrating, by a Mesmeric subject, what were denominated facts.

Having sown the seed, broad cast, a mighty host of animal magnetizers sprung up in a trice; they swarmed throughout the length and breadth of the northern States, like locusts; but having used up the resources of their silly admirers, and devoured the green leaves of vulgar popularity, they gradually died away, one after another, and have now become, in vulgar parlance, the laughing stock of every common-sense community. After the manner of Lycurgus, when he had fairly imposed his system of laws upon the Spartans, Dr. P. left the Continent; and when on the point of returning to ascertain the workings of the machinery he had set in motion, death dropped the curtain, and his career on earth was closed forever,

In person, Dr. Poyen was of a middle height; rather slender, yet well formed. Nearly one half of his face was covered, or rather discolored, by a nævus, of a dark-red hue, which greatly modified the natural expression. The cranial region for firmness was raised quite high enough to indicate obstinacy. He was habitually grave, thoughtful, industrious and studious, but not a close reasoner, nor by any means an original or profound thinker. Whatever was marvellous or extraordinary engaged his earnest consideration, particularly if it could be dragged into the service of the dearest of all interests—animal magnetism. Peace to his memory.

Keeping Fresh Wounds in Apposition.—Adhesive straps, needles, stitches, ligatures, &c., are not always successfully employed in keeping the lips of a wound in contact. Dr. Smilie, whose name is becoming familiar in the character of an inventor, has contributed an instrument, of the simplest construction, solely for that purpose. He abandons all of the old contrivances and familiar modes of keeping the edges together, and relies exclusively on two silver hooks. They slide upon a bar, notched on the upper side. After pressing the sides of the wound, and adjusting them perfectly, a hook is inserted on either side, a quarter, half, or even a whole inch, as circumstances may require, from the line of union. When the points are set, the upper ends of them are forced along on the bar, where they are kept from sliding back, by the notches. In this way, the progress of healing by the first intention is brought directly under the eye. A long incision would require several pairs of hooks. Theoretically, at least, they answer admirably. Dr. Smilie would say, beyond all doubt, that they are excellent in practice.

MARRIED,—In Pawlet, Vt., P. H. Strong, M.D., to Miss Eliza Ann Andrus, both of Pawlet; G. W. Bromley, M.D., to Miss Ann P. B. Clark.—In Derry, N. H., E. R. Smilie, M.D., to Mary Anne, only daughter of the late Robert Hall, Esq.

DIED,—At East Randolph, Vt., Dr. Benj. Porter, 78.—At Frankfort, Ky., Dr. D. H. Dickinson, 34, a native of Boston.—At Windsor, Mass., Dr. Howland Dawes, 79.

Number of deaths in Boston for the week ending Sept. 21, 51.—Males, 30; Females, 21. Stillborn, 3. Of consumption, 3—scarlet fever, 7—old age, 2—cholera infantum, 2—inflammation of the bowels, 5—teething, 4—quinsy, 1—infantile, 6—canker rash, 1—inflammation of the brain, 1—convulsions, 1—lung fever, 4—typhus fever, 2—brain fever, 2—canker in the bowels, 1—hooping cough, 1—bowel complaint, 3—child-bed, 2—disease of the heart, 1—dropsy in the brain, 1—accidental, 1.

Under 5 years, 36—between 5 and 20 years, 3—between 20 and 60 years, 8—over 60 years, 4.

Irregular and Decayed Teeth.—Sometimes immense mischief arises from the irregular growth of the teeth, and patients have even lost their life in consequence of it. My friend, Mr. Nasmyth of Edinburgh, a most accomplished surgeon and dentist, who took the right way of studying his profession, having been for years a demonstrator of anatomy, met with the following case:—An old friend applied to him with an extensive abscess of the cheek and great swelling of the face and jaw, the abscess extending down to the clavicle. His mouth could not be opened, the inflammation locked the jaw, and the patient ultimately died. On a *post-mortem* examination it was found that the cause of the whole mischief was the wisdom-tooth growing forward and lying horizontally instead of perpendicularly. This is a rare case, but it shows you that much mischief and serious consequences may arise from a trifling cause.

From the decay of the teeth you frequently find great mischief arising in the neighborhood. Many cases of ulcerated throat are caused by the presence of stumps, the affection being propagated along the lining membrane. The disease is kept up by, and cannot be removed till these causes are removed. Ulcerations about the lips and nose sometimes arise from disease about the incisors, or are kept up by it. I recollect the case of a gentleman who came from the West Indies to be treated for an ugly ulcerated tumor on the cheek. Very active measures had been adopted in the island where he resided. He had had the part cut out more than once, and corrosive agents applied in all sorts of ways. Recourse had been had more than once to the actual cautery. On the last occasion the surgeon had made him put a lime, a fruit like a small lemon, in the cheek, to distend it, and make the disease more apparent, and then a large red-hot skewer was thrust into the bottom of the wound. Still it did not heal, and he came here expecting to have some dreadful operation performed for the relief of his malady. The whole case depended on a decayed tooth in the upper jaw: it was taken out, and in a week he was well. He would have recovered at any period of the disease if that tooth had been attended to.—*Liston's Lectures.*

On the Causes, Symptoms, and Treatment, of Acute Founder in the Horse.—A clever communication on this subject, from the pen of Mr. Gabriel, appears in a late number of the Veterinarian. He points out, in an historical sketch, how successfully the disease was treated some two hundred years ago, and how, on the other hand, by modern veterinarians it has been deemed incurable. He attributes its occurrence, in a large majority of cases, to over-exertion of the animal, either by long standing, rapidity of travelling, or long journeys. The symptoms are characteristic; in addition to fever there is an extreme reluctance of the animal to rest its weight on the affected fore-feet. In getting up from the ground, or in attempting to move, the hind-feet are made the instrument of progression. The treatment hitherto pursued has been exceedingly varied. We do not profess to be very profound hippopathologists, we must rely to a certain extent, therefore, on the statements of the author. He says that modern pathologists pronounce the disease incurable; in his hands that the treatment rarely fails. This consists of a dose of Barbodoes aloes (eight or nine drachms) and then *a seton through each frog*; on the latter he places his chief reliance. Venesection must follow till the pulse is affected, and large tepid bran-poultices are to be applied to the feet. The shoes should not be removed, but the venesection and physic must be repeated if necessary.—*London Lancet.*